

JOHN P. DELL'ITALIA
DELL'ITALIA AFFINITO & SANTOLA
18 TONY GALENTO PLAZA
ORANGE, NJ 07050

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF NEW JERSEY**

TRUSTEE'S REPORT OF RECEIPTS AND DISBURSEMENTS AS OF 1/15/2020

Chapter 13 Case # 18-32860

Re: PHILIP OHAMADIKE
8 TROY COURT
MAPLEWOOD, NJ 07040

Atty: JOHN P. DELL'ITALIA
DELL'ITALIA AFFINITO & SANTOLA
18 TONY GALENTO PLAZA
ORANGE, NJ 07050

RECEIPTS AS OF 01/15/2020

(Please Read Across)

Date	Amount	Source Document No.	Date	Amount	Source Document No.
02/20/2019	\$1,000.00	25784331333	02/20/2019	\$572.00	25784331344
03/19/2019	\$590.00	25784340311	04/10/2019	\$590.00	25784346690
05/08/2019	\$590.00	25820530874	06/13/2019	\$590.00	25784329713
07/09/2019	\$59.00	25820547794	07/09/2019	\$590.00	25820548277
08/06/2019	\$590.00	26116031867	09/09/2019	\$590.00	26116039800
10/08/2019	\$590.00	26116048293	11/08/2019	\$590.00	25824270644
12/10/2019	\$590.00	25824275425			
Total Receipts: \$7,531.00 - Amount Refunded to Debtor: \$0.00 = Receipts Applied to Plan: \$7,531.00					

LIST OF PAYMENTS TO CLAIMS AS OF 01/15/2020

(Please Read Across)

Claimant Name	Date	Amount	Check #	Date	Amount	Check #
NATIONSTAR MORTGAGE LLC	03/18/2019	\$232.40	821,076	04/15/2019	\$556.37	823,112
	05/20/2019	\$556.37	825,072	06/17/2019	\$566.40	827,120
	07/15/2019	\$566.40	828,977	08/19/2019	\$623.04	830,875
	09/16/2019	\$566.40	832,941	10/21/2019	\$581.15	834,905
US BANK TRUST NATIONAL ASSOC	11/18/2019	\$559.32	836,717	12/16/2019	\$559.32	838,659
	01/13/2020	\$559.32	840,542			

CLAIMS AND DISTRIBUTIONS

Claim #	Claimant Name	Class	Allowed Claim	Percent to be Paid	Paid	Unpaid Balance *
TTE	TRUSTEE COMPENSATION	ADMIN			354.51	TBD
ATTY	ATTORNEY (S) FEES	ADMIN	1,250.00	100.00%	1,250.00	0.00
COURT	CLERK OF COURT	ADMIN	0.00	100.00%	0.00	0.00
0001	ADVANCED UTOLOGIS CARE ASSOC	UNSECURED	0.00	100.00%	0.00	0.00
0002	ALLY FINANCIAL	VEHICLE SECURE	0.00	100.00%	0.00	0.00
0003	FROST ARNETT COMPANY	UNSECURED	0.00	100.00%	0.00	0.00
0005	US BANK TRUST NATIONAL ASSOC	MORTGAGE ARRI	30,316.82	100.00%	5,926.49	24,390.33
0007	UNIVERSITY HOSPITAL	UNSECURED	0.00	100.00%	0.00	0.00

Total Paid: \$7,531.00

See Summary

Chapter 13 Case # 18-32860

SUMMARY

Summary of all receipts and disbursements from the date the case was filed , to and including: January 17, 2020.

Receipts: \$7,531.00 - Paid to Claims: \$5,926.49 - Admin Costs Paid: \$1,604.51 = Funds on Hand: \$0.00

****NOTE:** THIS REPORT IS NOT TO BE USED AS A PAYOFF FIGURE. ADDITIONAL ALLOWED CLAIMS AND OTHER VARIABLES MAY AFFECT THE AMOUNT TO COMPLETE THE PLAN.